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PFO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pa	perwork Reduction Act of	f 1995, no person are	required to	respond to a collection				control number
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						08/605,628-Conf. #8170		
FEE TRANSMITTAL For FY 2005				Filing Date F		February 22, 1996		
						Charles B. Simone		
				Examiner Name R		R. L. Porter		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit	626	_		
TOTAL AMOUNT OF PAYMENT (\$) 455.00				Attorney Docket No. S		S4264.0000/P001-B		
METHOD OF	PAYMENT (check	(all that apply)						
Check	x Credit Card	Money Order	Nor	ne Other (please identi	fy):		
x Deposit Ac	COUNT Deposit Account	Number: 04-1073	Deposit Acc	ount Name:	Dic	kstein Shapir	o LLP	
For the	above-identified dep	osit account, the	Director is	hereby authorize	ed to: (check	k all that apply)		
Пс	harge fee(s) indicate	d below		Charg	e fee(s) indi	cated below, ex	xcept for th	ie filing fee
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCU						·		****
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE	ES					
	ARCH FEES	EXAMIN	IATION FEES					
Application T	ype Fee (S	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300		500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
								Small Entity
								Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independe				200	100			
Multiple dependent claims 360 180								180
Total Claims	otal Claims		aid (\$) <u>Multiple</u>		Itiple Depende	ple Dependent Claims		
	- 20 = ber of total claims paid fo	x = _			Fee	<u>: (\$)</u> [Fee Paid (\$)	2
Indep. Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)				_
		x = -						
HP = highest num	ber of independent claims	s paid for, if greater th	an 3.					_
listings und	on SIZE FEE ation and drawings e der 37 CFR 1.52(e)), action thereof. See 3	the application si	ize fee du	e is \$250 (\$125 f				ı
Total Sheet	s Extra Shee			dditional 50 or frac		Fee (\$)	Fee P	Paid (\$)
	100 =	/50		(round up to a who	ole number) x	· :	=	
4. OTHER FEE(O foo (no amali -	atitu dia-	(umt)			<u>Fees !</u>	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00								
2801 Request for continued examination (RCE) (see 37 395.00								
SUBMITTED BY	<u> </u>	$\overline{}$						
Signature	2/1	BY		ation No. 33,08	32 / 54,985	Telephone	(202) 420)-4742
Name (Print/Type)	int/Type) Mark J. Thronson / David Beck					Date October 23, 2006		
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